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Urban District of Rothwell



ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Public Health Inspector

(T. WILSON, Cert. S.I.B., M.A.P.H.I., A.M.I.P.C.)

1960

WAKEFIELD :

W. H. MILNES (SUCCRS.) LTD.



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ROTHWELL URBAN DISTRICT COUNCIL

ANNUAL REPORT

OF THE

Medical Officer of Health,

1960.

To the Chairman and Members of the
Rothwell Urban District Council.

Mr. Chairman, Ladies and Gentlemen,

The Report which I have the pleasure of presenting to you in the following pages follows very closely on the lines of its immediate predecessors. No outstanding individual incident has occurred in the field of preventive medicine in your area during 1960. The health of the community has remained good and there have been no serious outbreaks of epidemic disease. The statistical returns are satisfactory and the percentage of children protected against the major epidemic diseases gives cause for satisfaction.

The changes brought about by the Mental Health Act are now well under way and I have given you some account of this in the Report.

During the year a Chiropody Service for certain groups of people has been introduced and is now in full swing.

There has been no change in the general administration of the Public Health Service. Relations have continued excellent throughout, not least with yourselves.

I should like to take this opportunity once again of saying how much I have appreciated the helpfulness of yourselves and your officials on all occasions.

I remain, Ladies and Gentlemen,

Yours faithfully,

A. L. TAYLOR,

Medical Officer of Health.

ROTHWELL URBAN DISTRICT COUNCIL

STATISTICAL MEMORANDA FOR 1960

Area in Acres	...	...	...	10,695
Registrar General's Estimate of Population for 1960				25,290
Number of Inhabited Houses, 1960, according to Rate Book	...	...	...	8,292
Rateable Value, Year commencing 1.4.60			...	£252,504
Net Product of a Penny Rate, Year commencing 1.4.60				£981

VITAL STATISTICS IN 1960

				M.	F.	Total
Live Births.						
Legitimate	...	...	...	152	170	322
Illegitimate	...	...	...	8	5	13
Total				160	175	335

Live Birth Rate per 1,000 population (adjusted) 13·8

Still Births.

Legitimate	...	...	...	4	4	8
Illegitimate	...	...	...	—	—	—
Total				4	4	8

Still Birth Rate per 1,000 live and still births 23·32

Birth Rate (live and still) per 1,000 of the estimated resident population 14·1

Deaths.

				M.	F.	Total
All Ages	...	...	...	173	196	369
Death Rate per 1,000 of the estimated resident population (adjusted)			...		11·38	

	M.	F.	Total
Deaths of Infants under 1 year ...	4	4	8
Death Rate of Infants under 1 year:—			
All Infants per 1,000 live births ...			23·88
Legitimate Infants per 1,000 legitimate live births ...			21·74
Illegitimate Infants per 1,000 illegitimate live births ...			76·92
Neo-natal Mortality Rate per 1,000 live births			20·9
Illegitimate live births per cent. of total live births			3·88
Deaths from Diarrhoea (under 2 years of age)			0
Rate per 1,000 population ...	...	...	—
Rate per 1,000 live births ...	...	...	—
Deaths from Measles (all ages) ...	...	...	0
Deaths from Whooping Cough (all ages) ...	...	...	0
Deaths from Cancer (all ages) ...	...	...	47

Maternal Mortality.

Deaths ...	...	Nil.
Rate per 1,000 (live and still) births	...	0·0

District Death Rate.

The Death Rate of 11·38 is based on the total number of deaths occurring in the District, including 173 at St. George's Hospital, and is arrived at after adjustment according to the Comparability Factor supplied by the Registrar General.

RECORD OF DEATHS IN AGE GROUPS, 1960

Age	District		St. George's Hospital		Total	
	M.	F.	M.	F.	M.	F.
Under 1 year ...	4	4	—	—	4	4
1—5 years ...	—	—	—	—	—	—
5—10 „ ...	—	—	—	—	—	—
10—15 „ ...	1	—	—	—	1	—
15—20 „ ...	—	—	—	—	—	—
20—25 „ ...	—	1	—	—	—	1
25—35 „ ...	2	3	—	—	2	3
35—45 „ ...	4	—	—	1	4	1
45—55 „ ...	5	12	1	—	6	12
55—65 „ ...	40	9	3	1	43	10
65—70 „ ...	17	10	1	3	18	13
70—75 „ ...	18	21	5	18	23	29
75—80 „ ...	31	26	4	13	35	39
80—85 „ ...	21	16	8	30	29	46
85—90 „ ...	5	6	1	17	6	23
Over 90 years... ..	1	1	1	4	2	5
Totals ...	149	109	24	87	173	186

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1960

				Urban District of Rothwell	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales
Population	..	..	..	25,290	1,187,270	464,690	1,651,960	*
Births	{	Live	..	335	19,644	8,291	27,935	*
		Still	..	8	438	203	641	*
		Total	..	343	20,082	8,494	28,576	*
Deaths of Infants	{	Under 1 week		5	271	113	384	*
		Under 4 weeks		7	312	130	442	*
		Under 1 year		8	442	186	628	*
Deaths (all causes)	..	..	..	369	14,484	4,485	18,969	*

CRUDE AND ADJUSTED RATES

Live Birth	..	..	..	13.2	16.5	17.8	16.9	17.1
Adjusted Live Birth	..	..	..	13.8	16.7	17.8	17.1	
Death (All causes)	..	..	..	14.6	12.2	9.7	11.5	11.5
Adjusted Death	..	..	..	11.4	12.9	11.9	12.6	
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D.	..	..	..	0.04	0.06	0.05	0.06	*
Tuberculosis, Respiratory	..	..	..	—	0.06	0.07	0.06	0.07
Tuberculosis, Other	..	..	..	0.04	0.01	0.01	0.01	0.01
Tuberculosis, All Forms	..	..	..	0.04	0.07	0.08	0.07	0.07
Cancer	..	..	..	1.90	2.10	1.67	1.98	2.16
Vascular lesions of Nervous system	..	..	..	3.80	1.97	1.53	1.85	*
Heart and Circulatory Disease	..	..	..	4.74	4.68	3.52	4.35	*
Respiratory Diseases	..	..	..	2.29	1.25	0.96	1.17	*
Maternal Mortality	..	..	..	—	0.70	0.82	0.73	0.39
Stillbirth	..	..	..	23.3	21.8	23.9	22.4	19.7
Perinatal Mortality	..	..	..	37.9	35.3	37.2	35.9	*
Neo-natal Mortality	..	..	..	20.9	15.9	15.7	15.8	15.6
Infant Mortality	..	..	..	23.9	22.5	22.4	22.5	21.7

* Figures not available.

All the maternal mortality, still birth and perinatal mortality rates are per 1,000 live and still births.

PUBLIC HEALTH OFFICERS

Medical Officer of Health (part-time) :

DR. A. L. TAYLOR, M.D., D.P.H.

Deputy Medical Officer of Health :

DR. R. M. BOWKER, M.B., Ch.B., D.P.H.

Senior Public Health Inspector :

T. WILSON, Cert. S.I.B., M.A.P.H.I., A.M.I.P.C.
Certified Smoke Inspector, Certified Meat Inspector.

Additional Public Health Inspectors :

G. F. IDLE, Cert. S.I.B., A.R.San.I., M.A.P.H.I.,
Certified Meat Inspector.

N. KILBURN, A.I.Hsg., M.A.P.H.I.,
Certified Meat Inspector.

Trainee Inspector :

M. HALL.

Clerk :

Miss J. MARSHALL.

COMMENTS ON STATISTICAL DATA

It was, perhaps, too much to hope that the exceptionally low Infantile Mortality Rate recorded last year could be maintained. However, this year's rate of 23.88 per thousand live births is reasonably satisfactory and an analysis of the causes of death shows that in almost all cases this was due to congenital causes incompatible with survival.

The Death Rate for the District shows a considerable reduction on last year at 11.38 per thousand of the population.

Deaths from cancer continue to be of considerable frequency. You will notice that six deaths are recorded as having been due to cancer of the lung, 5 being males. This is a slight reduction on last year's figure of 8 but cannot be regarded without disquiet. My views on the association between smoking and lung cancer are well known to you and there is no need to repeat what I have said in previous Reports except to say that I have in no way changed my opinion.

No maternal death occurred during the year.

Tuberculosis is diminishing in medical and social significance and is no longer the dreaded "Captain of the Men of Death" as was once held to be the case.

By and large, the statistics recorded in this Report are satisfactory.

CAUSES OF DEATH IN THE ROTHWELL URBAN DISTRICT, 1960

CAUSE OF DEATH				MALES.	FEMALES.
All Causes				173	196
1.	Tuberculosis, respiratory	..	..	..	..
2.	Tuberculosis, other	..	..	..	1
3.	Syphilitic disease	..	..	1	..
4.	Diphtheria	..	..	..	..
5.	Whooping Cough	..	..	..	..
6.	Meningococcal infections	..	..	..	..
7.	Acute Poliomyelitis	..	..	..	..
8.	Measles	..	..	..	..
9.	Other infective and parasitic diseases	..	..	..	..
10.	Malignant neoplasm, stomach	..	..	5	2
11.	Malignant neoplasm, lung, bronchus	..	..	5	1
12.	Malignant neoplasm, breast	..	..	..	7
13.	Malignant neoplasm, uterus	..	..	..	2
14.	Other malignant and lymphatic neoplasms	..	..	13	12
15.	Leukaemia, aleukaemia	..	..	..	1
16.	Diabetes	..	..	1	1
17.	Vascular lesions of nervous system	..	..	36	60
18.	Coronary disease, angina	..	..	45	28
19.	Hypertension with heart disease	..	..	2	5
20.	Other heart disease	..	..	15	18
21.	Other circulatory disease	..	..	3	4
22.	Influenza	..	..	..	..
23.	Pneumonia	..	..	9	22
24.	Bronchitis	..	..	16	11
25.	Other diseases of the respiratory system	..	..	..	..
26.	Ulcer of stomach and duodenum	..	..	1	1
27.	Gastritis, enteritis and diarrhoea	..	..	2	..
28.	Nephritis and nephrosis	..	..	2	1
29.	Hyperplasia of prostate	..	..	1	..
30.	Pregnancy, childbirth, abortion	..	..	..	..
31.	Congenital malformations	..	..	..	1
32.	Other defined and ill-defined diseases	..	..	10	11
33.	Motor vehicle accidents	..	..	..	..
34.	All other accidents	..	..	5	7
35.	Suicide	..	..	..	..
36.	Homicide and operations of war	..	..	1	..
Live Births.	Total	..	..	160	175
	Legitimate	..	..	152	170
	Illegitimate	..	..	8	5
Still-Births.	Total	..	..	4	4
	Legitimate	..	..	4	4
	Illegitimate	..	..	..	..
Deaths of Infants under 1 year of age.	Total	..	..	4	4
	Legitimate	..	..	3	4
	Illegitimate	..	..	1	..
Population				25,290	
Comparability Factors :—					
Births				1.04	
Deaths				0.78	

INFANTILE MORTALITY IN 1960

Deaths from Stated Causes under One Year of Age

CAUSES OF DEATH.		Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total under 1 Year.
Asphyxia											
Prematurity	.. ..	I	-	-	-	I	-	-	-	-	I
Pneumonia											
Mongolism	}	-	I	-	-	I	-	-	-	-	I
Multiple Injuries											
(Acquittal of Infanticide)		I	-	-	-	I	-	-	-	-	I
Cerebral Haemorrhage	.. ..	2	-	-	-	2	-	-	-	-	2
Respiratory Failure											
Virus Pneumonia	}	-	-	-	-	-	-	-	I	-	I
Severe degree of deformities											
Meningocele	.. ..	I	-	-	-	I	-	-	-	-	I
Broncho-pneumonia											
Hare lip and cleft palate		-	-	I	-	I	-	-	-	-	I
Totals	.. ..	5	I	I	-	7	-	-	I	-	8

INFANT DEATHS PER THOUSAND LIVE BIRTHS

1911—1920		1921—1930		1931—1940		1941—1950		1951—1960	
1911	116	1921	86	1931	72·2	1941	50·8	1951	21·8
1912	58	1922	90	1932	40·9	1942	37·2	1952	31·7
1913	139	1923	82	1933	77·8	1943	42·2	1953	28·8
1914	120	1924	112	1934	50	1944	40	1954	44·4
1915	125	1925	72	1935	38	1945	51·7	1955	35·6
1916	85	1926	74·2	1936	57	1946	56	1956	32·0
1917	142	1927	65·0	1937	68	1947	49·6	1957	16·1
1918	84	1928	71·7	1938	65	1948	38·8	1958	30·23
1919	61	1929	89·3	1939	42·4	1949	52·7	1959	19·34
1920	83	1930	31·0	1940	43	1950	35·0	1960	23·88
Average— 101·3		Average— 77·3		Average— 55·4		Average— 45·4		Average— 28·3	

Details of STILLBIRTHS for the past five years

Year	No. of Live Births	No. of Still- Births	Proportion of Stillbirths per 100 Live Births
1956	344	5	1·5
1957	373	6	1·6
1958	397	8	2·0
1959	362	14	3·9
1960	335	8	2·4

Details of NEO-NATAL DEATHS for the past five years

Year	No. of Live Births	No. of Neo- Natal Deaths	Proportion of Neo-Natal deaths per 100 Live Births
1956	344	8	2·3
1957	373	3	0·8
1958	397	10	2·5
1959	362	7	1·9
1960	335	7	2·0

GENERAL PROVISION OF THE PREVENTIVE MEDICAL SERVICES IN THE AREA

No change has occurred during the year. Your District continues to be associated with the two neighbouring Urban Districts and the population is slowly rising due to a considerable amount of new building which is occurring in the Divisional area. The medical staff still consists of a Divisional Medical Officer, one Deputy Medical Officer and one Assistant Medical Officer, and is quite adequate to undertake all duties. Some increase in the volume of work undertaken by the clerical staff occurred due to the introduction of new Services. They have managed to cope adequately, but the County Council feels that some increase in clerical staff is justified and this is in the process of being implemented.

One of the most encouraging features of the Divisional administration is the happy relationship which exists with all other bodies, and with the general practitioners in the area. I cannot imagine a more satisfactory liaison than already exists and the work which is carried out is greatly facilitated by this factor.

There have been a certain number of changes in the domiciliary nursing staff and these I have commented on later in the Report.

We still enjoy the services of one part-time Ophthalmologist, one part-time Consultant Paediatrician, and one part-time Speech Therapist.

The Mental Health section of the work has been considerably augmented, and we have now based in this office one Senior Mental Welfare Officer, and two Mental Welfare Officers who are almost exclusively occupied in this Divisional Area.

The Dental Services continue to function satisfactorily, and there has been no change in staffing. This is a valuable Service and is much appreciated by parents.

SCHOOL MEDICAL SERVICE

A glance at the tables immediately following will give you some idea of the enormous volume of work which is being carried out in the School Medical Service in your area.

I can say without qualification that the physical health and wellbeing of school children have never been higher. Standards of nutrition and of hygiene are excellent and even the small hard core of families who cause concern are gradually falling into line with the vast majority of well-nourished and healthy children. So good are the standards and so few the defects found at routine medical inspections that it is now thought that a change of method may be introduced. Under the proposed new dispensation, a considerable number of routine inspections will be discontinued and instead more time taken over the small percentage of children who are found to need special care and consideration on account of physical or mental handicap.

Already, in some parts of the County, pilot schemes embodying this principle are in being and results up to date indicate that medical time is being much more usefully deployed.

All the Consultant Services available to us are working well and we have no knowledge of any undue waiting period for ophthalmic investigation, Ear, Nose and Throat, or Orthopaedic appointments.

Dr. Bowker and Dr. Dick, the two school Medical Officers, are doing an excellent job and are quite up to date with their work. We are fortunate in continuing to enjoy their services.

Relationships with Divisional Education Officers have been uniformly good and an excellent liaison with Head teachers and their staffs has been maintained.

Considerable progress in immunisation against poliomyelitis and tuberculosis has been made and extensive programmes have been carried out with the minimum of dislocation of school curricula. As a result, we feel that we are always welcome in the schools and are regarded as friends and colleagues rather than unnecessary interruptions of school work.

SCHOOL MEDICAL SERVICE
MEDICAL INSPECTION AND TREATMENT
RETURN FOR THE YEAR ENDED 31st DECEMBER,
1960
PERIODIC MEDICAL INSPECTIONS

Age Groups Inspected (by years of birth)	No. of Pupils inspected	Physical condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		No.	% of Col. 2	No.	% of Col. 2
1956 and later	118	118	100	—	—
1955	397	393	99	4	1
1954	158	157	99·4	1	·6
1953	398	397	99·75	1	·25
1952	265	262	98·87	3	1·13
1951	22	22	100	—	—
1950	463	458	98·92	5	1·08
1949	308	308	100	—	—
1948	14	14	100	—	—
1947	13	13	100	—	—
1946	183	180	98·36	3	1·64
1945 and earlier	366	365	99·73	1	·27
Total	2,705	2,687	99·33	18	·67

**PUPILS FOUND TO REQUIRE TREATMENT AT
PERIODIC MEDICAL INSPECTIONS
(Excluding Dental Diseases and Infestation
with Vermin)**

Age Groups Inspected (by year of birth)	For Defective Vision (exclu- ding squint).	For any of the other conditions recorded	Total individual pupils.
1956 and later ...	2	16	17
1955 ...	17	59	72
1954 ...	2	27	28
1953 ...	18	45	58
1952 ...	21	40	54
1951 ...	4	4	7
1950 ...	31	58	89
1949 ...	14	9	21
1948 ...	—	—	—
1947 ...	1	1	2
1946 ...	14	29	34
1945 and earlier ...	33	38	70
Total ...	157	326	452

OTHER INSPECTIONS

Number of Special Inspections ...	52
Number of Re-inspections ...	68
	120

INFESTATION WITH VERMIN

Total number of individual examinations of pupils in schools by school nurses or other authorised persons	21,276
Total number of individual pupils found to be infested	103
Number of individual pupils in respect of whom cleansing orders were issued. (Section 54 (3), Education Act, 1944)	—

**DEFECTS FOUND BY MEDICAL INSPECTION DURING
THE YEAR 1960
PERIODIC INSPECTIONS**

Defect or Disease.	PERIODIC INSPECTIONS							
	ENTRANTS		LEAVERS		OTHERS		TOTAL	
	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation	Treat- ment	Obser- vation
Skin ...	19	3	12	—	33	3	64	6
Eyes—a. Vision ...	24	6	31	10	102	36	157	52
b. Squint ...	7	2	—	1	8	8	15	11
c. Other ...	4	—	2	1	8	1	14	2
Ears—a. Hearing ...	4	3	5	1	17	6	26	10
b. Otitis Media ...	26	—	4	—	12	—	42	—
c. Other ...	—	—	—	1	9	—	9	1
Nose and Throat ...	12	3	2	—	19	3	33	6
Speech ...	4	5	—	—	13	6	17	11
Lymphatic Glands ...	—	—	—	—	3	3	3	3
Heart ...	1	4	1	3	1	15	3	22
Lungs ...	13	1	5	—	17	1	35	2
Developmental—								
a. Hernia ...	—	—	—	—	1	1	1	1
b. Other ...	—	—	—	—	—	1	—	1
Orthopaedic—								
a. Posture ...	—	—	2	1	14	1	16	2
b. Feet ...	3	3	5	2	5	3	13	8
c. Other ...	1	2	—	—	8	3	9	5
Nervous System—								
a. Epilepsy ...	1	—	—	—	—	—	1	—
b. Other ...	3	—	—	—	3	4	6	4
Psychological—								
a. Development ...	2	3	—	2	1	—	3	5
b. Stability ...	10	2	1	2	8	2	19	6
Abdomen ...	2	—	—	—	1	2	3	2
Other ...	4	3	3	—	12	—	19	3
Total ...	140	40	73	24	295	99	508	163

SPECIAL INSPECTIONS

Defect or Disease	Special Inspections	
	Pupils Requiring Treatment	Pupils Requiring Observation
Skin	2	—
Eyes—		
a. Vision	2	—
b. Squint	—	—
c. Other	—	—
Ears—		
a. Hearing	—	—
b. Otitis Media	1	1
c. Other	—	—
Nose and Throat	1	—
Speech	—	—
Lymphatic Glands	—	—
Heart	1	—
Lungs	—	—
Developmental—		
a. Hernia	—	—
b. Other	—	—
Orthopaedic—		
a. Posture	—	—
b. Feet	—	—
c. Other	1	—
Nervous System—		
a. Epilepsy	—	—
b. Other	—	—
Psychological—		
a. Development	—	—
b. Stability	—	1
Abdomen	—	—
Other	—	—

**TREATMENT OF PUPILS ATTENDING MAINTAINED
AND ASSISTED PRIMARY AND SECONDARY
SCHOOLS (INCLUDING NURSERY AND SPECIAL
SCHOOLS)**

EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	2
Errors of Refraction (including squint)	575
Total ...	577
Number of pupils for whom spectacles were prescribed ...	519

**DISEASES AND DEFECTS OF EAR, NOSE AND
THROAT**

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear ...	2
(b) for adenoids and chronic tonsillitis	8
(c) for other nose and throat conditions	1
Received other forms of treat- ment	—
Total ...	11
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1960	—
(b) in previous years ...	9

ORTHOPAEDIC AND POSTURAL DEFECTS

	No. of cases known to have been dealt with
Pupils treated at clinics or out-patients departments ...	18
Pupils treated at school for postural defects ...	—
Total ...	18

DISEASES OF THE SKIN (Excluding uncleanliness)

	Number of cases known to have been treated
Ringworm— (a) Scalp ...	—
(b) Body ...	—
Scabies ...	—
Impetigo ...	5
Other skin diseases ...	3
Total ...	8

CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	12

SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists ...	60

OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
Pupils with minor ailments ...	37
Pupils who were admitted for convalescent treatment under School Health Service arrange- ments during 1960 ...	4
Pupils who received B.C.G. vaccination ...	502
Other than above— U.V.R. Treatment ...	38
Total ...	581

CONSULTANT E.N.T. SERVICE

No Consultant E.N.T. Clinic held during 1960

CONSULTANT ORTHOPAEDIC SERVICE

Consultant Clinic.

Number of sessions held during year ... 11

	Pre-school children	School children
No. of individual patients seen by Consultant, including those continuing attendance from previous year	—	6
No. of individual patients referred for opera- tive treatment as short-stay cases only ...	—	2
Recommended long-stay hospital school ...	—	—
Recommended treatment by orthopaedic nurse or physiotherapist:—		
(a) at treatment centres	—	—
(b) domiciliary	—	—
No. of children who obtained operative treat- ment during the year	—	1
Total number of attendances at consultant clinic	—	8
Treatment Centres		
No. of sessions held during year	46	
	Pre-school children	School children
Total number of patients treated (including cases continuing treatment from previous year)	2	16
Total number of attendances	7	172
Domiciliary Treatment		
Total number treated	—	—
Total number of visits to patients' homes ...	—	—
Appliances		
Number of appliances—(a) recommended ...	—	—
(b) obtained ...	—	—

PAEDIATRIC SERVICE**Consultant Clinics.**

Number of sessions held during the year 10

	Pre-school children	School children
Number of individual patients seen :—		
(a) new cases	18	20
(b) cases attending from previous year(s)	6	28
Total number of attendances at clinics ...	48	88

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES

No. of examinations carried out during the year ... 32

**CHILDREN AND YOUNG PERSONS ACT, 1933
EMPLOYMENT OF CHILDREN**

Number of children examined during the year in connection with applications :—

(a) for employment (including entertainments) 86
 (b) No. of (a) found unfit —

ULTRA VIOLET LIGHT TREATMENT

No. of sessions held during the year	224	
	Pre-School children	School children
No. of children treated during the year	13	25
Total No. of attendances ...	272	582

PAEDIATRIC SERVICE

Summary of type of defect for which referred

Defect or Disease	Pre-School	School
Central Nervous System	—	2
Heart and Circulatory System ...	—	5
Respiratory System, including E.N.T. Defects	5	5
Orthopaedic	3	2
Skin	1	—
Mental Defect, including Educational Sub-normality	2	2
Congenital Deformities	2	—
Gastro-intestinal System	—	1
Genito-urinary System	—	1
Glands	—	2
Nutritional	1	4
Developmental	9	10
Rheumatism	—	1
Incontinence	1	12
Unclassified	—	1
Totals	24	48

SPEECH THERAPY

Total number of sessions held during the year ...	...	198
No. of new cases treated during the year	... ..	25
No. of cases already attending for treatment from previous year	... ..	35
Total number of cases treated	... ..	60
No. of cases awaiting treatment at end of the year	...	12
No. of visits made to schools	... ..	3
No. of home visits ...	... ..	1

Analysis of Cases treated during the year :—

					Boys	Girls
Stammering	...	...	...	...	2	1
Defects of articulation—						
(a) Dyslalia	...	...	...	...	27	8
(b) Sigmatism		...	...	...	1	1
(c) Rhinolalia, due to—						
(i) Cleft Palate	...	...	...	...	1	2
(ii) Nasal obstruction		...	...	...	—	—
(d) Dysarthria		...	...	...	—	—
Aphasia	...	...	...	...	—	—
Defective speech due to—						
(i) Educational sub-normality			...	...	7	1
(ii) Deafness	...	...	...	...	—	1
Retarded speech development			...	...	2	1
Dysphonia	...	...	...	...	—	—
Other defects—						
Rhotacism	...	...	...	...	3	—
Idioglossia	...	...	...	...	2	—
Total					45	15
Analysis of Cases discharged :—						
No. of children discharged during year—						
Speech normal	...	...	...	...	8	3
Speech improved		...	...	...	5	1
Unsuitable for treatment	...	...	...	...	3	—
Non-co-operation		...	...	...	—	—
Left school	...	...	...	...	—	—
Left district	...	...	...	...	1	1
Other reasons—						
Treatment refused by parents		...	...	...	1	3

VACCINATION AND IMMUNISATION

The percentage of children who have received two or three injections against Poliomyelitis can be considered very satisfactory. Indeed, it is rather higher than the average for the County, or for the Country as a whole. Reference to the table will give you some idea of the amount of work which has been carried out. There is, of course, no room for complacency, and every effort is being made by the Health Visiting Staff and by the family doctors practising in the area to encourage acceptance of immunisation. There is increasing evidence that a high level of immunisation is accompanied by a low incidence of the disease. Sufficient experience has been gained here and in America to allow one to conclude that the experimental stage is now over and that immunisation against poliomyelitis has taken its place with the older procedures against smallpox, diphtheria, etc.

There is now almost universal use of Triple Vaccine, giving protection against Diphtheria, Whooping Cough and Tetanus.

I should like here to pay tribute to the Health Visitors working in your area whose efforts in the field of health education have been largely responsible for the satisfactory total of children given protection. Our percentage compares very favourably with others and the entire absence of Diphtheria from the community, together with a continuing extremely low incidence of Whooping Cough, gives striking indication of the effectiveness of this preventive measure.

As I wrote last year, the age at which Smallpox vaccination is now offered has been raised to the beginning of the second year of life. Consequent on this there was some temporary fall until the time lag was caught up. In spite of this, however, there has been a reasonably satisfactory total of children vaccinated and every effort will be made to see that this is maintained.

B.C.G. vaccination is now offered to all school children over the age of 13 years and here again the response can be considered reasonably satisfactory. B.C.G. vaccination has now been practised for several years and is found to be safe and free from unpleasant complications. We have no knowledge of any untoward ill effects, and it is significant that the numbers of children whose parents accept this protection is showing no sign of diminishing.

VACCINATION AGAINST POLIOMYELITIS

Vaccination during 1960

CLASS	Number vaccinated with two injections during the year ended 31st December, 1960
Children born in the years 1943—1959 	924
Young persons born in the years 1933—1944 	314
Persons born before 1933 who have not passed their 40th birthday 	880
Others 	26
TOTAL	2,144

In addition to the above, 100 c.cs of vaccine were issued for vaccination of Hospital Staff:—

Total number of persons who had received two injections at 31st December, 1960—

Children 	10,828
Others 	4,640
Total ...	15,468

Number of persons who had received one injection only at 31st December, 1960—

Children 	125
Young Persons ...	2
26 — 40 years ...	72
Others 	—
Total ...	199

Number of persons who had received three injections at 31st December, 1960 ... 12,647

DIPHTHERIA IMMUNISATION

Immunisation carried out during the year

	Age at final injection			
	Under 1	1 — 4	5 — 14	Total
No. of children who completed a full course of primary immunisation (including temporary residents) ...	735	132	292	1159
Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ...	—	68	1288	1356

Immunisation in relation to Child Population

Age at 31.12.60 i.e. Born in Year	Under 1 1960	1—4 1959-1956	5—9 1955-1951	10—14 1950-1946	under 15 Total
Last complete course of injections (whether primary or booster)					
1956—1960 ...	263	2133	2254	1896	6536
1955 or earlier	—	—	813	2340	3153

No case of Diphtheria occurred in the Division during the year.

WHOOPIING COUGH IMMUNISATION

Immunisation carried out during the year

Age at Final injection	Number of children who completed a full course of immunisation (including temporary residents)
Under 6 months	254
6 months to one year	373
1—2 years	61
2—3 years	18
3—4 years	25
Total ...	731

Immunisation in relation to Child Population

Age at 31.12.60 i.e. born in year :—	Under 1 1960	1 to 4 1959–1956	5 to 9 1955–1951	10 to 14 1950–1946	Under 15 Total
Number immunised ...	259	2,147	1,604	91	4,101

Whooping Cough notifications and Deaths in relation to Immunisation during the year

Age at date of notification	No. of cases notified	No. of cases included in preceding column in which child completed a full course of immunisation
Under 1	5	2
1	8	—
2	13	7
3	4	1
4	15	3
5 — 9	33	4
10 — 14	4	—
Totals ...	82	17

No death occurred from Whooping Cough in the Division
during the year.

VACCINATION AGAINST SMALLPOX

Number of Persons vaccinated or re-vaccinated
during the year

Age at Date of Vaccination	Under 1	1 year	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	283	28	12	16	30	369
Number Re-Vaccinated ...	—	—	1	6	37	44

IMMUNISATION AGAINST TETANUS

Immunisation carried out during the year

Age at final injection	Number of children who received protection against tetanus (including temporary residents)
Under 6 months ...	243
6 months to 1 year ...	326
1 — 2 years ...	52
2 — 3 years ...	19
3 — 4 years ...	15
Over 4 years ...	22
Total ...	677

B.C.G. VACCINATION OF 13-YEAR OLD SCHOOL CHILDREN

1. No. of medical officers (including Divisional Medical Officer) approved to undertake B.C.G. Vaccination	3
---	---

Acceptances

(a) No. of children under fourteen years of age eligible during the year	826
(b) No. of (a) offered tuberculin testing and vaccination if necessary, whether the offer was made during the year or previously	826
(c) No. of (b) found to have been vaccinated previously	—
(d) No. of acceptances	727
(e) Percentage of acceptances, i.e., (d) to (b) — (c) ...	88·0

Pre-Vaccination Tuberculin test

(a) No. of children tested	651
(b) Result of test—	
(i) Positive	66
(ii) Negative	535
(iii) Not ascertained	50
	———
	TOTAL 651
(c) Percentage positive	15·58

Vaccination

No. vaccinated	502
-----------------------	-----

Tuberculin test twelve months after vaccination

(a) No. vaccinated in 1959	271
(b) No. tuberculin tested after 12 months	264
(c) Result of test—	
(i) Positive	183
(ii) Negative	81
(iii) Not ascertained	—
	———
	TOTAL 264

B.C.G. VACCINATION—CONTACT SCHEME

Details of B.C.G. Vaccination of Contacts during the year
1960

		AGE GROUPS											
		Under 1 year Months				Years							
		0	1	3	6	1	2	3	4	5	10	15	20
Vaccinated :—													
Male	...	4	3	2	3	—	1	1	—	1	2	—	—
Female	...	5	2	1	—	—	1	1	1	3	2	4	1
TOTAL	...	9	5	3	3	—	2	2	1	4	4	4	1
RESULT OF VACCINATION :—													
Successful :													
Male	..	4	3	2	3	—	1	1	—	1	2	—	—
Female	...	4	2	1	—	—	1	1	1	2	1	4	—
TOTAL	...	8	5	3	3	—	2	2	1	3	3	4	—
Unsuccessful		...	—	—	—	—	—	—	—	—	—	—	—
Not finally ascertained		...	1	—	—	—	—	—	—	1	1	—	1

LOCAL HEALTH AUTHORITY CLINIC SERVICES

There is little new to report in this section. Towards the end of the year we were given notice that once again we should have to move our Methley Clinic owing to alterations to the school premises in which we were accommodated. Fortunately we were able to secure premises and will shortly be taking up residence at a nearby chapel. Whilst by no means ideal for the purpose, this does at least give us a roof over our heads, and we still have hope that ultimately a Day Nursery will become surplus to County Council requirements and will be made available for our own use.

No other change has occurred and the Clinic premises in use continue to be moderately satisfactory as before.

Attendances have been maintained at about the former level, though ante-natal attendances still tend to fall. This is not a retrograde trend and serves merely to underline the fact that nowadays all expectant mothers can receive full ante-natal care from their own family doctors. These latter refer a considerable proportion of their patients to our Clinics for routine blood tests, a service we are very ready to undertake on their behalf.

The Relaxation classes held at Rothwell continue to function and are much valued.

The same can be said of the Ultra Violet Light Clinics which are held three times a week at the Central Clinic, Rothwell.

This latter building is still outstandingly useful and is able to cope with all the services centred upon it.

CONSULTANT CLINICS

These continue as before and are all held at the Central Clinic at Rothwell.

Ophthalmic Clinics are held weekly, and the work is now up to date.

Dr. Pickup, Paediatric Consultant, still attends at monthly intervals and a close liaison between him and the family doctors of the area is maintained. This Clinic is of very considerable value and is much appreciated.

There is now no waiting list at all for children needing Ear, Nose or Throat treatment. This is readily available either at Leeds or at Wakefield.

The part-time services of a Speech Therapist continue to be available and weekly sessions are held.

There is considerable delay, however, in obtaining consultations at the Child Guidance Clinic. Some cases are seen by the Consultant Psychiatrist at Pontefract, whilst others attend the Clinic at County Hall, and the work seems to have built up. This type of case is very time consuming and treatment cannot be hurried.

MENTAL HEALTH SERVICES

The changed conditions in Local Health Authority Mental Health Services foreshadowed in my last Report are now taking definite shape. Your District forms part of a County Area from the whole of which patients are admitted to Stanley Royd Hospital. This area has been chosen by the County Council to act as a prototype in the County Council administrative area. To it have been appointed a Senior Mental Welfare Officer and a number of Mental Welfare Officers, two of whom work almost full time in the Rothwell Health Division,

The aim and intention of the new Mental Health Act is to integrate as nearly as possible the Psychiatric Hospitals and services with those of the General Medical and Hospital services of the Country. Thus, the emphasis is on informality of admission and discharge and on the increasing domiciliary care and supervision of patients discharged from Psychiatric Hospital to their homes. After-care of such cases is becoming increasingly the concern of the Local Health Authority. To this end it is obvious that the closest possible co-operation should be obtained between the Consultant Staffs of the Psychiatric Hospital, the general medical practitioner service and the Local Health Authority. In this area we are fortunate in having been able to assist in the establishment of such co-operation. The new Act is still in its infancy and one can only give a general impression of its work at the moment. Suffice it to say that at the time of writing, considerable satisfaction is expressed and there is optimism for its future success.

You may remember that a new Training Centre was envisaged to be built near the centre of your District. Fears were entertained that capital retrenchment might result in delay. However, at the time of writing, it is learned that official sanction has been given by the Minister and it is anticipated that the Centre will be built within the next year or so. The need for it under the new dispensation is very great. Children of a certain degree of mental subnormality have now a statutory right of admission to a Training Centre and their attendance is compulsory. Thus we have been driven to transport patients from your area to existing Centres at Airedale and in Wakefield. This has involved considerable difficulties

of transportation and the new Centre will obviate much travel time and administrative difficulty.

A Hostel for discharged psychiatric patients is to be built within a short distance of your boundary and patients from your area will be able to obtain accommodation there if they are thought suitable to derive benefit therefrom.

As is inevitable in all new ventures, teething troubles are bound to arise and many problems will need to be solved. Good will and forbearance on all sides are needed and I would ask you to exercise patience and understanding for a considerable time until the new order can be consolidated.

DOMICILIARY NURSING SERVICES

Health Visiting.—The staffing position continues very satisfactory. Indeed, two Assistant Health Visitors who worked in this Division have been accepted for full training and are expected to take up duty once more in due course as full members of the staff.

The work of the Health Visitors continues to change in emphasis and is increasingly concerned with the care of the aged. Health Education too is being given considerable emphasis and the policy of the Ministry is still further to increase the amount of time given to this branch of preventive medicine.

Home Nursing.—In this area we have always been fortunate in the quality of our Home Nurses and this continues true to-day. Their work has been carried out satisfactorily without exception and their relationship with their patients and with the family doctors has been universally good. The Supervisor of Home Nurses reports in the highest terms and I feel that no improvement is possible in this branch of the Service.

Midwifery Service.—At the time of writing we are adequately staffed, although it is likely that the amount of work undertaken will increase owing to the diminution in available beds at Maternity Hospitals. However, at the present moment we have no difficulty in meeting all demands.

HOME HELP SERVICE

The demand continues to increase. Great difficulty has been experienced in keeping within the allocation allowed by the County Council. Severe pruning of times allotted to individual cases has had to be done. At the time of writing, however, I am glad to say that an increased allocation has been sanctioned. It was found that there was considerable discrepancy as between one part of the County and another. Thus, the total pool available appeared to be unfairly distributed and it has been decided that the fairest way is to allocate to each Health Division a number of Home Helps proportionate to the total population. Under this new dispensation, the Rothwell Health Division will have the services of a Home Help force equivalent to 33 whole-time Home Helps.

We are fortunate in being able to recruit adequately Home Helps of reasonably good quality. No complaint has arisen during the year and many expressions of appreciation have been received from recipients of help. The chief value of the service is in enabling old people to continue to live in their own homes, rather than to seek Institutional accommodation. In my opinion, it is a social, rather than a domestic, service and every report I get serves to underline that opinion. The following table will give you some idea of the work undertaken during 1960 and I would draw your attention to the overwhelming preponderance of old and ailing people who seek our help.

DOMESTIC HELPS

Authorised Divisional Allocation.

(i) Basic	...	...	...	27 $\frac{1}{4}$
(ii) From Reserve Pool (Average over the year)	...	...	...	1
Total	...	...	...	<u>28$\frac{1}{4}$</u>

Number of Domestic Helps employed at 31st December, 1960—

(i) Whole-time	...	...	—
(ii) Part-time	...	...	87
Total	...	...	<u>87</u>

Cases provided with Domestic Help during year ended 31st December, 1960—

	No. of Cases	Hours employed
(i) Maternity (including expectant mothers)	30	1,407
(ii) Tuberculosis	2	120
(iii) Chronic sick (a) aged 65 +	314	56,063
(b) under 65	21	5,857
(iv) Others	9	2,819
Totals	375	66,266

Employment :—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1960 ÷ 2288 (52 weeks x 44 hours)	=	No. of home helps that could have been employed full time.	=	29.0
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CHIROPODY SERVICE

During 1960, the new County Council scheme came fully into being. In this area we run what is known as an "indirect" service. Under this scheme the various Old Aged Persons' Associations employ a Chiropodist of their own choice and submit their accounts to me in due course for settlement. Six treatments per year are given, though more can be sanctioned if requested on reasonable grounds. The service is available to all men over the age of 65 and all women over the age of 60 and also to various other groups of persons, including those suffering from physical handicap and other special need. The whole of the Rothwell Urban District is covered, although in one part patients are still expected to visit Chiropodists of their own choice. This I regard as less than ideally satisfactory and the position is under constant review.

The usual initial troubles were experienced, but there was active co-operation all round and things are settling down to a satisfactory routine.

In my next Report I shall be able to give you more information in the light of experience. For your information, I give you the following figures which will give some indication of the volume of work (including clerical and administrative) involved.

CHIROPODY SERVICE

Number of sessions held during the year

(a)	In Voluntary Clinics	...	...	51
(b)	In Chiropodist's Surgery	...	...	25
	Total	...	...	<hr/>76 <hr/>

Number of patients treated

(a)	In Voluntary Clinics	...	...	297
(b)	In Chiropodist's Surgery	...	...	82
(c)	In own homes	...	...	42
	Total	...	...	<hr/>321 <hr/>

Number of Treatments given

(a)	In Voluntary Clinics	...	...	363
(b)	In Chiropodist's Surgery	...	...	230
(c)	In own homes	...	...	83
	Total	...	...	<hr/>676 <hr/>

AMBULANCE SERVICE

Unfailing courtesy is experienced in dealing with all grades of ambulance personnel. No complaint has arisen from any source during the year and our relationship with the Service is of the happiest.

LABORATORY FACILITIES

The majority of the work is carried out by the Medical Research Laboratory at Wakefield and they continue unfailingly kind and helpful. Any special investigation is readily undertaken and all routine work meticulously carried out.

MILK AND FOOD SAMPLES

Arrangements continue as before. The County Analyst at Haliarx undertakes examination of milk and food samples.

Chemical samples of water are, as formerly, sent to the Leeds City Analyst, and the bacteriological examination of water is undertaken by the Medical Research Laboratory at Wakefield. The service is completely satisfactory. Reports on one or two specimen samples are published later in the Report.

HOSPITAL PROVISION IN THE AREA

Maternity Hospitals.—In all branches of the Hospital Service there is a chronic shortage of trained nursing staff. In no section is the shortage more serious than in Maternity Units. These are now working under conditions of extreme difficulty and this fact is reflected in the number of admissions of patients from your area. In addition, the pressure on beds is so great that early discharge is now the order of the day. In cases where suitable home accommodation is available it is current practice to discharge the mother to her home within two or three days of her confinement. Every care is taken to ensure that home conditions are suitable for such discharge. It is thought, additionally, that mother and baby can be better looked after at home, and are at less risk, than would be the case if they were kept in a Hospital, the staff of which is numerically inadequate and chronically overworked.

Much as one may deplore this necessity, one must recognise that no alternative course is open to Hospital Authorities. The vogue for Hospital confinement has arisen from many causes, social, domestic, and even financial. Whilst it is essential that any case having obstetric abnormality be confined in Hospital, it is by no means universally true that a mother who is in normal health, living in a good house, with adequate available help at home, is better off having her baby in Hospital. The care and attention available to her from her own family doctor and from the domiciliary midwifery service, backed up, where necessary, by the provision of a Home Help, are perfectly adequate to ensure her safety and comfort and that of her infant.

Having said this, I would like to point out that once again approximately 50% of all births took place in Maternity Homes or Hospitals during 1960. Whether this percentage can be maintained in the face of deteriorating recruitment of Hospital midwives is doubtful. I would like to assure you that no hardship will be caused and that amply adequate domiciliary services are available to all needing them.

Infectious Diseases Hospitals.—It will be noted that some 50 cases were admitted to Seacroft Hospital during 1960. All but a few of these were for "observation" and many of them were suffering from illness which is not legally notifiable. Many cases of obscure diagnosis were dealt with and Seacroft Hospital continues to be a most

valued institution. I am glad to place on record my appreciation of the very prompt and ready way in which information and amended diagnoses are made available to me.

The same may be said of the Snapethorpe Hospital at Wakefield, although not more than one or two cases from your area normally are admitted thereto.

General Hospitals.—There is nothing new to report and the position remains as formerly, that is to say, very satisfactory. No difficulties have been encountered during the year.

Chronic sick accommodation remains difficult. The increasing number of aged chronic sick needing accommodation is throwing a very great burden on Hospitals which, for the most part, were not built for the purpose and are increasingly under strain because of the difficulty of the recruitment of nursing staff. The foregoing generalisations are true of your own area. The 5 beds which were promised us at St. George's Hospital have been made available and are occupied by citizens of your area. The further number of beds which are to be provided are not yet available and the date of their provision remains doubtful. I am constantly under pressure from relatives and friends to try to arrange transfer from chronic sick Hospitals in the Pontefract Group, of patients seeking to be accommodated at St. George's. Every effort is made to accede to these requests but inevitably there is delay until a bed becomes available. The complexities attendant on the administration are very great indeed and it must be remembered that St. George's is primarily a long-stay Annexe to St. James's Hospital in Leeds and admits only cases which have previously been admitted to, and treated in, geriatric units with special diagnostic and treatment facilities. Thus, the direct admission of cases from their own homes to St. George's is neither possible nor desirable. I can assure you that the needs of your citizens are constantly in mind and that every effort is being made to ensure a satisfactory share of the local Hospital accommodation for geriatric cases.

Welfare Accommodation.—Here again there are very great shortages, but I am glad to place on record my appreciation of the kindness and co-operation constantly afforded by the County Welfare Officer and his staff. Frequent personal consultations are made and during the year it has always been possible to obtain Part III accommodation for those in real need, with minimal delay.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE

The year was similar to its immediate predecessors in the remarkably small number of notifications of Infectious Disease. No case of Poliomyelitis occurred and one may perhaps be permitted a little optimism in anticipating relative freedom from this disease as a result of the high percentage of the population now protected against it.

The continuing prevalence of mild Scarlet Fever noted last year diminished in 1960 and there was a relatively small number of cases, once again of the very mild type now experienced.

Whooping Cough was a negligible factor, which fact again is almost certainly related to the high level of immunisation.

In all, Infectious Disease gave rise to no anxiety during the year and one can only express the hope that this state of affairs will continue indefinitely.

Venereal Disease. — There has been widespread National misgiving about the increased incidence of Venereal Disease in the Country as a whole. Thus it is with additional satisfaction that I report, once again, no significant increase in your District.

Infestations.—Apart from a few nits found in the hair of a very few school children, there has been no record of any infestation.

Scabies, too, was almost entirely absent from the community.

In all, the state of affairs revealed by the statistics for 1960 show very satisfactory control of Infectious Disease in your area.

INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1960

Disease	Total all ages			Age Distribution 1960													Cases sent to Hospital	Deaths
	1958	1959	1960	0 — 1 year	1 — 2 years	2 — 3 years	3 — 4 years	4 — 5 years	5 — 10 years	10 — 15 years	15 — 20 years	20 — 35 years	35 — 45 years	45 — 65 years	65 years and up	Age unknown		
Acute Poliomyelitis	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet Fever	54	16	...	1	2	4	1	9	6	...	...	...	...	...	...	3	...
Pneumonia	47	21	7	4	1	1	...	1	...	...	...	1	4	6	1	14	31
Puerperal Pyrexia
Acute Anterior Encephalitis	1	...	...	...	...	...	...	...	...	1	...	1	...	...	...	...
Erysipelas	9	14	...	...	...	...	...	...	...	...	1	2	5	3	...	1	...
Whooping Cough	8	13	...	...	2	...	2	5	1	...	...	...	...	...	...	...	...
Measles	237	34	1	2	5	2	3	2	1	...	...	...	...	...	...	2	...
Sonnè Dysentery	10	8	2	1	...	...	...	2	1	1	3	1	2	1	...	2	...
Food Poisoning	2	...	1	...	...	...	...	1	...	...	...	...	...	1	...	2	...
Observation	12	18	7	5	1	1	...	6	3	1	2	...	...	...	...	26	...
Totals	132	379	131	18	13	11	8	6	26	12	2	7	4	12	11	1	50	31

TUBERCULOSIS

In recent Reports I have stressed my view that Tuberculosis is of diminishing significance in the community. This year sees the lowest number of notifications of pulmonary tuberculosis on record. In addition, the percentage of cure is now very high indeed and where patients are admitted to Hospital their length of stay is greatly shortened in contrast to what would have been the case some years ago. This satisfactory state of affairs is due to two main factors in my opinion. First, the very high standard of general nutrition and social well-being enjoyed by the vast bulk of the community, and secondly the drugs which are now available to the physician in treating tuberculosis should it occur.

A third factor which is difficult to evaluate, but which is thought to be of considerable help, is the B.C.G. vaccination scheme. Vaccination is offered to all school children over the age of 13 years and a very considerable percentage of parents allow their children to have this protection.

Your House-Letting Committee still give courteous consideration to my occasional requests for priority re-housing. These are few and far between but in cases where need arises it is nearly always urgent, and re-housing the patient aids very considerably in recovery from the disease and in diminishing the risk of spread in the community.

In this area we are fortunate in having available two Chest Clinics where the standards of medical care are of the highest. Very close liaison between ourselves and the Chest Clinics exists and the Chest Physicians and their staffs are unfailingly co-operative and courteous. In our turn we do all we can to help in the domiciliary care of persons who are under observation.

TUBERCULOSIS

Record of Cases during the year 1960

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	52	47	13	3
No. of cases notified for first time during year	3	2	—	2
No. of cases restored to Register ...	1	1	—	1
No. of cases added to Register otherwise than by notification ...	1	4	—	—
No. removed to other districts ...	2	1	—	—
No. Recovered ...	2	8	—	1
No. died from the Disease ...	—	—	—	1
No. died from other causes ...	—	—	—	—
No. Removed from Register:— Revised diagnosis ...	—	—	—	—
No. of cases on Register at end of year ...	53	45	13	4

New Cases and Mortality during 1960

Age Periods		New Cases				Deaths			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M	F	M	F	M	F	M	F
0—1 year	...	—	—	—	—	—	—	—	—
1—5 years	...	—	—	—	—	—	—	—	—
5—10 "	...	—	—	—	1	—	—	—	—
10—15 "	...	—	—	—	—	—	—	—	—
15—20 "	...	1	—	—	—	—	—	—	—
20—25 "	...	—	1	—	—	—	—	—	—
25—35 "	...	—	1	—	—	—	—	—	—
35—45 "	...	1	—	—	—	—	—	—	—
45—55 "	...	—	—	—	1	—	—	—	—
55—65 "	...	—	—	—	—	—	—	—	—
Over 65 years	...	1	—	—	—	—	—	—	1
Age unknown	...	—	—	—	—	—	—	—	—
Totals	...	3	2	—	2	—	—	—	1

TUBERCULOSIS

New Cases and Deaths since 1941

Year	New Cases		Deaths	
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1941 ...	22	12	10	2
1942 ...	23	4	11	4
1943 ...	24	7	9	—
1944 ...	21	10	12	2
1945 ...	21	5	11	1
1946 ...	28	9	7	3
1947 ...	16	5	8	—
1948 ...	22	3	11	2
1949 ...	25	2	11	2
1950 ...	27	3	5	2
1951 ...	18	3	8	1
1952 ...	18	1	3	1
1953 ...	15	—	4	—
1954 ...	11	5	1	—
1955 ...	9	1	2	—
1956 ...	12	—	1	—
1957 ...	7	1	2	—
1958 ...	12	—	2	—
1959 ...	7	1	2	—
1960 ...	5	2	—	1

HOUSING

This subject is very fully dealt with by Mr. Wilson, Senior Public Health Inspector, in his section of the Report. I associate myself entirely with his remarks and I am glad to express my view that "slums," as usually envisaged, now no longer exist in your area. The problem of back-to-back houses is being faced up to and it is certain that the next few years will see the majority of them cleared away and the tenants re-housed in property of the type now considered minimal in standard.

The usual difficulties have been met with during the year, largely due to the shortage of suitable building sites. In this area particularly difficulties are met with because of mining subsidence and because of the existence of the "Green Belt" which the Town and Country Planning Authority are anxious to see kept inviolate. Your Authority are showing commendable enthusiasm in overcoming their many difficulties and can in no way be reproached for lack of diligence.

HOUSING STATISTICS YEAR 1960

1. No. of Dwelling Houses in District 8,304
2. No. of Houses included in above—
 - (a) Back-to back 516
 - (b) Single back Not known
3. HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE
 No. of houses included in Representations made during the year
 - (a) in Clearance Areas 4
 - (b) Individual unfit houses 37

A. HOUSES DEMOLISHED

	HOUSES DEMOL- ISHED	DISPLACED during year	
		Persons	Families
In Clearance Areas			
(1) Houses unfit for human habitation	44	14	8
(2) Houses included by reason of bad arrangement, etc. ...	Nil	Nil	Nil
(3) Houses on land acquired under Section 43 (2) Housing Act, 1957	Nil	Nil	Nil
Not in Clearance Areas			
(4) As a result of formal or informal procedure under Section 17 (1) Housing Act, 1957	54	104	45
(5) Local Authority owned houses certified unfit by the Medical Officer of Health	Nil	9	4
(6) Houses unfit for human habitation where action has been taken under local Acts ...	Nil	Nil	Nil
(7) Unfit houses included in Unfitness Orders	Nil	Nil	Nil
<hr/>			
B. UNFIT HOUSES CLOSED			
(8) Under Sections 16 (4), 18 (1) and 35 (1), Housing Act, 1957	Nil	4	1
(9) Under Sections 17 (3) and 26, Housing Act, 1957	Nil	Nil	Nil
(10) Parts of buildings closed under Section 18, Housing Act, 1957	Nil	Nil	Nil

C. UNFIT HOUSES MADE FIT AND HOUSES IN WHICH DEFECTS WERE REMEDIED

	By Owner	By Local Authority
(11) After informal action by local authority	189	Nil
(12) After formal notice under		
(a) Public Health Acts ...	23	Nil
(b) Sections 9 and 16, Housing Act, 1957 ...	22	Nil
(13) Under Section 24, Housing Act, 1957	Nil	Nil

D. UNFIT HOUSES IN TEMPORARY USE (Housing Act, 1957)

	Number of Houses	Number of separate dwellings contained in column (1)
	(1)	(2)
Position at end of year		
(14) Retained for temporary accommodation		
(a) Under Section 48 ...	Nil	Nil
(b) Under Section 17 (2) ...		
(c) Under Section 46 ...		
(15) Licensed for temporary occupation under Sections 34 or 53		

E. PURCHASE OF HOUSES BY AGREEMENT

	Number of Houses	Number of occupants of houses in column (1)
	(1)	(2)
(16) Houses in Clearance Areas other than those included in confirmed Clearance Orders or Compulsory Purchase Orders, purchased in the year	Nil	Nil

4. No. of families rehoused during the year into Council owned dwellings

(a) Clearance Areas, etc.	58
(b) Overcrowding	30

5. RENT ACT, 1957

(a) No. of Certificates of disrepair granted ...	Nil
(b) No. of undertakings to execute repairs given by owners to the local authority ...	1
(c) No. of Certificates of disrepair cancelled ...	Nil

6. OVERCROWDING

Any comments in connection with this problem
None

7. NEW DWELLINGS

No. of new dwellings completed during the year:—

By the Local Authority	57
By Private Enterprise	164

8. GRANTS FOR CONVERSION OR IMPROVEMENT OF HOUSING ACCOMMODATION

	Formal applica- tions received during the year	Applica- tions approved during the year	Number of dwellings completed during year
	Number of dwellings	Number of dwellings	
(a) CONVERSIONS (The number of dwellings is the number resulting from completion of the work)	15	15	10
(b) IMPROVEMENTS	87	86	44

9. DETAILS OF ADVANCES FOR THE PURPOSE OF ACQUIRING OR CONSTRUCTING HOUSES

134 Advances totalling £130,622.

SANITARY CIRCUMSTANCES OF THE AREA

Water Supply.—We still continue to enjoy an ample water supply of first class quality. The water is supplied by Leeds Corporation who are now responsible for the whole area. During 1960, 354,949,000 gallons were supplied.

Of this quantity 148,960,000 was for trade purposes, and the balance of 205,989,000 gallons was accounted for by domestic purposes and leakage respectively. The average daily consumption per head for domestic purposes was 22.52 gallons. This shows some increase on last year's figure of 19.75, but you will remember there was a drought in 1959, with consequent restrictions on water usage for some period of the year.

Chemical and Bacteriological samples were taken throughout the year and were satisfactory in all cases. Typical reports are appended.

Smell	...	...	...	...	Nil
Colour (Hazen)	...	...	...	...	10
Free Chlorine	...	...	...	...	Nil
pH	...	...	...	...	7.3 B.T.B.
					Parts per million
Total Solids, dried at 180°	...	...	...	...	110
Residue on ignition	...	...	...	...	—
Ammoniacal Nitrogen (as N)	...	...	...	...	0.002
Albuminoid Nitrogen (as N)	...	...	...	...	0.012
Nitrite Nitrogen (as N)	...	...	...	...	Nil
Nitrate Nitrogen	...	...	...	...	0.3
Chlorine present as Chloride (as Cl.)	...	...	...	...	17.0
Oxygen absorbed in 4 hours at 27° C.	...	...	...	...	Nil
Temporary Hardness (as CaCO ₃)	...	...	...	...	17
Permanent Hardness (as CaCO ₃)	...	...	...	...	40
Total Hardness (as CaCO ₃)	...	...	...	...	57
Metallic contamination	...	...	...	...	0.10

The above figures represent a water of good chemical purity.

The colour of the sample was normal and the iron content not excessive.

Bacteriological Examination:				Probable numbers per 100 ml.
Coliform bacilli	...	...	...	0
Bact. coli (type 1)	...	...	...	0

Sewage Disposal.—At the time of writing it is learnt that the work on the new Sewage Disposal scheme at Methley has begun. It is now many years since the necessity for this work was first realised, but delay has been due to difficulties over which the Council have no control. There is no doubt that the completion of this scheme will result in a very great improvement in the standards of sewage disposal in the area. The Rivers Board have been expressing concern for years as to the unsatisfactory nature of the effluent. All this trouble should now be cleared up.

Rivers and Streams.—Apart from complaints mentioned above, the District is satisfactorily served.

Closet Accommodation. Public Cleansing — These matters are dealt with in the Report of the Senior Public Health Inspector.

Shops and Offices—Routine Inspections have been carried out as usual. No statutory action was found necessary.

Camping Sites.—See Public Health Inspector's Report.

Swimming Baths and Pools.—There is no swimming bath or pool in this area.

Factories and Workshops.—Parts 1 and 8 of the Act are still the responsibility of this Authority and the table which follows gives all the necessary details. Routine inspections have revealed no need for any action.

FACTORIES ACTS, 1937 to 1959

INSPECTION FOR PURPOSES OF PROVISIONS AS TO HEALTH.

(Including Inspections made by Public Health Inspector).

	No. on Register	Number of:—		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	11	2	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	82	8	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	4	—	—	—
TOTAL	97	10	—	—

CASES IN WHICH DEFECTS WERE FOUND.

(If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

				No. of cases in which defects were found				Number of cases in which Prosecutions were instituted		
				Found	Remedied	Referred :				
						to H.M. Inspector	by H.M. Inspector			
Want of cleanliness	..	..	—	—	—	—	—	
Overcrowding	..	..	—	—	—	—	—	
Unreasonable temperature	..	..	—	—	—	—	—	
Inadequate ventilation	..	..	—	—	—	—	—	
Ineffective drainage of floors		..	—	—	—	—	—			
Sanitary Conveniences :—										
Insufficient	..	..	—	—	—	—	—	
Unsuitable or defective	..	..	I	I	I	—	—	
Not separate for sexes	..	..	—	—	—	—	—	
Other offences against the Act (not including offences relating to Outwork)	..	..	—	—	—	—	—	
Total				I	I	J	—	—

OUTWORK.

Nature of Work	No. of Out-workers in August list required by Sec. 110 (1)	Section 110			Section 111	
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices Served	Prosecutions
WEARING APPAREL :—						
Making, etc. ..	14	—	—	—	—	—
Cleaning and washing ..	—	—	—	—	—	—
Textile Weaving ..	—	—	—	—	—	—
TOTAL ..	14	—	—	—	—	—

SANITARY INSPECTION OF AREA

Infectious Disease Prevention

Inspections	13
Disinfections	0

Milk and Dairies

Inspections of dairies	3
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Food and Drugs Inspection

Meat Inspections	199
Bakehouses	2
Food Inspection	17
Water Sampling	59

Housing

Houses inspected and recorded	1140
General Surveys	2333
Public Health Act Inspections	650
Re-visits	405

Offensive Trades

Inspections of Fat Refining Premises	14
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Sanitary Matters

Inspections of Verminous Premises	281
Inspections of Rat Infestations	501
Inspection for new drains	376
Clean Air Act	54
Inspection re: refuse removal and disposal	477
Factories and Workshops	10
Tents, Vans and Sheds	52
Number of Statutory Notices (Housing Act & Public Health Acts)	45
Number of Nuisances abated on serving Statu- tory Notices (Public Health Acts)	27

ANNUAL REPORT

of the

SENIOR PUBLIC HEALTH INSPECTOR

and

CLEANSING SUPERINTENDENT

For The Year

1960

Health Department,

Civic Buildings,

Rothwell,

Nr. Leeds.

To The Chairman and Members of the
Rothwell Urban District Council.

Ladies and Gentlemen,

I now beg to present, for your information, the Annual Report of the Health and Cleansing Departments for the year 1960, this being my 29th Report.

The year has been one in which many phases of work have been performed and one or two high spots reached, and the following pages will, I hope, show to you how important and necessary the work which we perform is.

HOUSING.

The routine work which we have done in the department for so many years is now beginning to have its effect, and I think it is possible now to say that most of the slums are "tied up"; as a matter of fact, the work of inspection and condemnation is way ahead of the work of providing replacement houses, and so for the moment we have to back pedal.

We are still a long way from the ideal that the modern standard house shall be that of a Council House or at least

have all the amenities which a Council house contains. I hope the day will come when houses are judged, not on their weatherproofness or physical standard but whether they contain a bathroom, larder and such like amenities, and any house which does not contain these will be judged as being sub-standard.

Although we have made a good start in dealing with back-to-back houses there is still a lot of work to be done, and again we are so far ahead of the actual housing programme that it would be unwise to have a house condemned when the tenants cannot be housed for at least another two or three years because in the waiting period we cannot logically ask for any other than the most simple repairs to be done. As I told you in my last report, two areas were submitted as Clearance Areas where the houses were entirely back-to-back and the defects submitted were those of lack of ventilation, overcrowding on site and lack of sanitary accommodation. There were originally many objections but some were withdrawn before the Inquiry and the rest dealt with at the Inquiry. The result, as you possibly remember, was that both areas were confirmed, and this, I think, marks a very definite step in our housing work. There are still many more houses of this type to deal with in our area, and we have gone so far as to show on plan the areas in Stourton which contain both back-to-back and through houses so that in dealing with applications for improvement Grants we can avoid the awkward position which would arise if we were to authorise grants on houses which we might ultimately need to clear.

The work of improving houses by the use of a Discretionary or Standard Grant continues, 48 houses being improved during the twelve months. The work, is I think, increasing slightly and we have dealt with one or two applications by owners of rented property which I regard as the ideal which the Act was devised to encourage.

The normal work of inspection and recording, which is the backbone of all housing work, has continued throughout the year and a total of 1,140 houses were inspected and resulting from these 252 notices were issued requiring repairs of various types, details of which are shown in the table at the end of this report.

CARAVANS.

As I told you in my last report legislation was expected

which would avoid the position where control was exercised simultaneously by Town Planning and Public Health Authorities, a procedure which was far from satisfactory.

As and from October 28th, 1960, the law required that applications were made only to the Local Authority who in turn obtained the decision of the Town Planning Authority. If the Town Planning report was satisfactory, the licence could not be refused and the official recommendation was that the licence should be issued on a long term, not for a period of twelve months as had been the custom previously. A further improvement of the law was that only the occupier of the site could be granted a licence and with the knowledge that the licence would be for a period of years, structural works could be demanded more readily. As exemptions included the caravan site occupied by members of the Showmen's Guild, the majority of the caravans in this district were exempted as more caravans congregate on the "feast ground" than anywhere else.

As a matter of policy all the caravan owners and all the site owners were informed of the new Act and given until the 31st December to either move or make application for a new licence; all the owners went with one exception which was cleared early in 1961. The owner of one small site who I thought might have made application decided not to do so. At the moment, with the exception of the itinerant caravaner who may rest overnight in passing through the district, we have no caravans except those exempted by law.

There is a feeling amongst interested persons in the district, indeed I have heard some Councillors express similar views, that the Council should provide a properly equipped caravan site accommodating both permanent residents and travelling caravaners, and it may be perhaps of interest to say here that the latest legislation allows interested Authorities to embark upon such a project. It is debatable whether caravans are ideal permanent residences or whether such encampments are merely a makeshift until the time when suitable houses can be provided at economic rents. My own view, as a caravaner of some little experience, is that they are ideal for the purpose for which they were originally designed, that is to provide mobile homes for those people whose business or pleasure takes them to different parts of the Country, but a caravan site for permanent housing needs so much

equipment in the form of drains, roads, water, lighting, etc., that this cost added to that of a new caravan, which can be anywhere in the region of £1,000, would make it more feasible to erect a permanent or at least semi-permanent building on the prepared site. It seems to me fantastic to build a caravan restricted in measurements and requirements to conform with the Highways Regulations when its only journey is from the factory to the site.

PUBLIC CLEANSING SERVICE.

The work in this section has been performed with diligence and efficiency throughout the year and the members of the Cleansing staff form a body of which I am, at all times, very proud. The fact that the costs are lower than many districts of a similar type (we are essentially a mining area) does not detract from efficiency, in fact, I am inclined to believe that efficiency and economy go hand in hand.

There are, apart from the human element, two essentials which are necessary for the efficient performance of cleansing duties; dustbins and vehicles, and in this area these are, I can say without fear of contradiction, both of a high standard. Many years ago the Council fixed the standard of dustbins as complying with British Standard Specification 792, tapered, non-corrugated dustbins with non-blow-off lids holding $3\frac{1}{4}$ cu. ft. and this standard has been assiduously maintained even through the difficult years when metal was at a premium. The result is that the majority, I should estimate at least 95%, of the dustbins in this area, are of this standard and the result is that when the dustbins are brought to the kerb side there is no spillage. It is desirable as a matter of hygiene that the dustmen are required to bring the dustbins out with the lids on and thus the refuse is totally enclosed except for the actual time it is being emptied into the refuse vehicle, and this is a condition which I have insisted on for many years. I cannot resist an involuntary shudder when passing through other districts where I see bins being brought out without their lids and the dust blowing about. I do not wish to seem smug about this but I do want the Members to realise what we are doing here and the way in which the work is performed. The vehicles too are of a type which experience has proved to be best for the district and they are maintained and handled in

the most efficient manner possible and these essentials, together with the Cleansing team, of whom I have already spoken, provide the service which you accept as part of the daily round, but of which, if you reflect for a moment, you will realise that you have reason to be justly proud.

We still have a few ashpits and privies serving remote houses, the number being 102. During the year 221 new houses were built and 98 houses demolished or closed giving an increase in dustbins of 123. The records show that there are 8,097 water closets connected to sewers or cesspools or 98.8% of the total and 91 privies with 67 ashpits connected to them. There are 8,885 dustbins in the area which are emptied weekly and form 99.2% of the ashes accommodation.

Disposal continues by controlled tipping and my estimation of the length of life of Wood Lane Tip was incorrect because we had to reduce the tipping area in view of the fact that land which we hoped to use was not available. In August, 1960 we closed down Wood Lane Tip and moved to land at Lemonroyd Sewage Works where we are tipping to fill up low-lying land which will be useful for the extension of the Sewage Works soon to be commenced.

During the year under review our tip control work has been performed by a Fordson Major Diesel Tractor which we purchased in January, and I am highly satisfied, not only with the amount of work which the machine can do, but with the efficient way it is performed. The use of such a machine was new to the department and as may be imagined we had our teething troubles. The machine was originally purchased with single wheels at the rear but I found, as expected, that some form of weighting would be required and we examined the possibilities of filling the tyres with water, fixing extra weights at the rear or fitting twin wheels. The latter course was ultimately adopted and I think it is the proper one because the others merely provided extra weight whereas the double wheels provided both weight and greater bearing service. There have been one or two breakages on the machine, not due to any fault in handling, but the defective parts have been replaced and at the end of the year the machine was in a satisfactory condition, an essential part of the disposal service. We have occasionally hired the machine out to other departments for urgent jobs, but this is not any part of the scheme and quite frankly we prefer to keep it on the tip.

The central garage houses satisfactorily the majority of the Council's vehicles and the repair shop, which this department controls, together with the two mechanics, who maintain all the Council's vehicles in an efficient state of repair. There were at the end of 1960 fifty machines and plant of one sort or another which we serviced, repaired and maintained.

SEWERS AND DRAINS

We still deal with complaints regarding stoppages in sewers and drains and this service which is provided as a rate charge is most efficient and expeditious in dealing with blockages which occur no matter how well a drain is laid or maintained.

We still continue to examine all plans which are submitted to the Building Surveyor as to the suitability of the drainage layout and subsequently, during the course of construction, all the drains are tested and inspected by this department. This practice, although by no means universal is a good one and one worthy of emulation.

FOOD AND DRUGS.

Licences under the Food and Drugs Act, 1955, authorising the sale of specially designated milks were issued by this Authority for the year 1960 but this is the last time that such licences will be issued on Urban District level. As from January 1st, 1961, the whole of the licences and control of milk production is taken out of our hands and the authority for such work passes to the County Council. While I regret the loss of another of our functions, it is, I think, in accordance with modern practice that the issue of licences should be controlled by one Authority. In these days of mobile delivery one vehicle can pass through several Local Government districts and this coupled with the fact that several grades of milk may be sold means an interminable amount of licences; under the new Act one licence will cover the sale of milk of one grade anywhere. The work of sampling is carried out by the Food and Drugs Authority which is again the County Council, and I have no doubt that the control exercised by them will be used to the advantage of the inhabitants of this area, but there is a further safeguard that this Authority, through your Health Inspectors, can

take action with regard to any food or drugs of any description (this includes milk) at any time if the need should arise.

The Slaughter Houses Act, 1958, about which I spoke last year, required that a report on the improvement of slaughter houses should be submitted during the year under review and the report made by this Authority was compiled and completed as required, subsequent to the slaughter houses being examined and the owners interviewed. Towards the end we had the advice and help of a veterinary officer from the Ministry of Agriculture, Fisheries and Food who, for the record, approved what we had proposed with small amendments. No objections were lodged by the butchers and the scheme was ultimately approved by the Minister of Agriculture; the appointed date for the new scheme being July 1st, 1961, that is a day after the present licences expire. Although the alterations were not commenced during the year they will be completed before the appointed date, or otherwise no further licences can be issued.

One of the new requirements is that a stunning pen shall be fixed and used in any slaughter house where adult cattle are slaughtered and although in the main this may prevent cruelty I am sure that in many small slaughter houses it will have the reverse effect. In our slaughter house, as is the custom with many in the Country, the method is to put a loop over the beast's head in the lair and draw the beast to a ring fixed in the wall of the slaughter house, where it is stunned. This process, which I have timed on numerous occasions, takes about 30 to 35 seconds from the time the operative goes into the lair to the time the beast is lying stunned on the floor of the slaughter house. I have noticed that since the stunning pen was in operation it takes longer to get the beast, even a quiet one, into the pen itself.

The quantity of food and meat inspected is fairly constant, details being given below. The quality of animals slaughtered is consistently good and the condemnations in the main are in respect of liver fluke and similar parasitic infections. Tuberculosis is a rarity, which is as it should be when one has a regard to the amount of time and money devoted to animal Health and Hygiene by the Veterinary profession.

The inspection of food, other than locally killed meat, in shops within the area continues. Again the quality is good and by far the largest amount of tinned food which is condemned comes from the Ministry of Food Depot which is situated in this district where consignments of food are sorted, and which, I understand, is one of the largest in the Country.

Meat and Food Inspection

Cattle	...	...	...	...	...	499
Sheep and Lambs			...	...	...	1454
Pigs	...	...	...	...	...	850

Food Condemned

Home killed carcasses	...	...	...	1965 lbs.
Various tinned Food	...	..	..	102550 lbs.

FOOD HAWKERS

The West Riding General Powers Act, 1951, provides power to licence and control all food hawkers in the Council's area and various vendors of food and drink in this area are registered and frequently inspected. Most of the vehicles are fairly modern and there seems to be a desire amongst the proprietors to provide an up to date service and from time to time I am advised or called on to inspect some new vehicle which has been put on the road.

These vehicles fulfil the need of a door to door service, particularly on the large housing estates where the shops provided are a considerable distance away, but since a High Court decision that such vehicles are not "shops" it is impossible to apply the law relating to shop hours, etc., to them and they often practice to the detriment of the fixed shop traders.

WATER SUPPLY.

The water which is consumed here still comes from Leeds, Morley and Wakefield Corporations, although from April 1st, 1960, the administration of water supplied to us has been controlled by the Leeds Corporation. Whether there will be any grouping of water mains in future so as to provide a "grid" through which the supply is unidentifiable, I do not know, but our sampling work will continue, regardless of the supplier or the fact that it is tested before it

reaches us. Sampling is a health measure and we have to be satisfied that the water delivered at the consumer's tap is pure chemically and bacteriologically.

43 samples, 14 chemical and 29 bacteriological, were taken during the course of the year; there was a follow up to a complaint of iron in the water at Oulton, to which I referred in my last report. The investigations were ultimately undertaken by the Leeds Authority after the date of their take over. We did an investigation for a local hospital regarding underground storage of water where the results were, as might be expected, unsatisfactory, and as a result a change of procedure was effected in this instance.

One sample taken at random showed bacterial infection and this was again shown in a check sample but further examination and testing shewed the water to be satisfactory. There was no explanation discovered and other samples taken in the vicinity were quite sterile.

The chemical analysis is performed on our behalf by the Leeds City Analyst and the bacteriological examinations by the Ministry of Health Laboratory at Wakefield. At both these departments we receive the utmost courtesy and co-operation and I should again like to record my thanks to the staff of both these establishments.

DISINFECTION AND DISINFESTATION.

We still continue to examine as routine empty Council Houses and the effects of incoming tenants to these houses but the amount of infestation discovered is remarkably small. Disinfestations are performed for us by the Leeds Corporation Disinfestation Service and we find this much more satisfactory as we have not sufficient work here to keep a staff employed or even up to date with the work.

If there are any requests for disinfestation they are dealt with by our own staff, but these are remarkably few and they get less as time goes on.

SHOPS ACT.

During the year 9 inspections were made of shops in the area to check hours of closing but no reportable offences were discovered.

CLEAN AIR.

There has been no progress in this district with regard to the provision of smokeless zones and I am sorry to have to report this because I think that if we are to keep abreast of the modern trend it is high time that some zones were prepared. I know the reason is that used by the mining fraternity that the question of concessionary coal has not been settled but unless a start is made it probably never will be and I have a feeling that concessionary coal provides a convenient excuse for not proceeding with the elimination of smoke from the air.

There is a tendency, however, amongst the more informed members of the Public to look for methods of heating which are clean as well as efficient and although there is no compulsion in this district there are many people who are seeking advice and burning coke and premium fuels for their own comfort and convenience. I think the industry is becoming alive to the fact that normally gas works coke is not ideal in every respect for burning in the household grate and the production of special fuels by the Gas Board and Coal Board will do much to encourage those people who are not wildly enthusiastic about clean air anyway and are certainly not prepared to devote time and effort necessary to burn some of the lesser reactive fuels.

I am sorry that the prices of such fuels are so high as this often proves a deterrent, although my own experience is that certain of them burn so well and so easily that although they are about twenty to thirty shillings a ton more than normal coke the result over a period is financial saving as there is better combustion and less waste.

PUBLIC CONVENIENCES.

There are now in the district, provided for the use of the Public, eight public toilets of one sort or another, five being in the direct control of this department, and three being provided in the parks and recreation grounds, and these generally have been maintained with the minimum of nuisance. I suppose it is inevitable that damage and misuse will occur, but it has not been any worse since, as I told you in my last report, the coin locks on the W.C. doors were not replaced, and from the experience of past years I do not intend that these shall be renewed. I notice that several other Authorities are adopting the same course.

I told you in my last report the question of the provision of more Public Conveniences in the district was deferred until the provision of direction signs could be completed, and I am now able to tell you at this stage, although it overlaps slightly into 1961, that direction signs with the distances have been fixed at most of the road junctions in the district so that strangers travelling through the district will be aware of the positions of such buildings.

The question of the provision of new conveniences, it seems likely that one will be provided at Oulton and one at Lofthouse, has been left to the Ward Committees but at the end of 1960 no actual progress had been made in the selection of suitable sites. Plans of suitable types of conveniences have been prepared in this office and once the sites are fixed it need not take very long to get estimates and the ultimate approval for erection of one or more of these buildings.

PUBLIC MORTUARY.

This building which is situate at the rear of the Council Officers fulfils its requirements efficiently and there have been no complaints regarding its use or misuse during the year.

PREVENTION OF DAMAGE BY PEST ACT.

During the year 501 inspections were made in regard to complaints of rats and mice and infestations were dealt with in the usual manner. It may be that the rats, like the poor, will be always with us, and the most hard working Authority cannot expect more than to keep the rodent population under control, but there will, I think, always be a hard core of rats, and although our efforts may keep the rat population from reaching uncontrollable figures I think the ones we do eliminate are probably the ones which would fall prey to their natural enemies.

STATISTICAL RECORD

As is customary, I append a numerical record of the number and type of inspections which have been carried out at our request. Allowing for the fact that figures can be made to say anything, they do, I think, indicate in no small way the energy and diligence of the staffs you employ and the excellent results which they obtain.

Visits and Inspections

Clean Air Act	...	...	...	...	54
Factories and Workshops	...	...	...	...	10
Food Examination	...	...	...	...	216
Food Premises	...	...	...	...	97
Hairdressers and Barbers	...	...	...	...	5
Housing Acts	...	...	...	...	1140
Housing Acts (re-inspection)	...	...	...	...	1193
Infectious Disease	...	...	...	...	13
Offensive Trades	...	...	...	...	14
Petroleum Storage	...	...	...	...	33
Plant Maintenance	...	...	...	...	348
Prevention of Damage by Pests Act	...	...	...	...	501
Public Cleansing Service	...	...	...	...	477
Public Health Acts	...	...	...	...	650
Public Health Acts (re-inspection)	...	...	...	...	405
Public Conveniences	...	...	...	...	220
Sanitary Accommodation (Conversions or Improvements)	...	...	...	...	22
Septic Tanks and Cesspools	...	...	...	...	4
Sewers and Drains Inspected	...	...	...	...	847
Sewers and Drains tested	...	...	...	...	376
Shops Act (Hours of Closing)	...	...	...	...	9
Tents, Vans and Sheds	...	...	...	...	52
Vermin	...	...	...	...	281
Water Sampling	...	...	...	...	59

Summary of Works Carried Out

Ceilings repaired or replastered	...	...	...	16
Walls repaired or replastered	...	...	...	23
Windows repaired or renewed	...	...	...	27
Doors repaired or renewed	...	...	...	13
Fireplaces repaired or renewed	...	...	...	26
Floors repaired or renewed	...	...	...	18
Sinks renewed	...	...	...	16
Sink waste pipes repaired or renewed	...	...	...	14
Washing Coppers renewed	...	...	...	1

Summary of Works Carried Out (continued)

Food Stores repaired or altered	...	...	1
Roofs repaired	...	...	39
Chimney Stacks repaired	...	...	17
Eavesgutters repaired or renewed	...	...	31
Rainwater pipes repaired or renewed	...	...	23
Walls repaired or repointed	...	...	22
Drains cleared from obstruction	...	...	464
Drains repaired or renewed	...	...	19
Inspection chamber covers renewed	...	...	9
Water Closets repaired	...	...	42
Defective dustbins renewed	...	...	344

STAFF.

The full staff of this department is set out in detail in the early part of the Medical Officer's Report and there has been no change through the currency of the year.

You enjoy and benefit by the efforts of a qualified, energetic and conscientious staff in the persons of Messrs Idle, Kilburn and Hall and many of the improvements which are credited to the department arise from this very factor and I would personally express my appreciation of each one of them.

I continue to enjoy a full and complete liaison with all the Council Officers and staff and I should again like to record my appreciation of the interest, support and advice of the Medical Officer of Health and the Clerk of the Council, which, together with the interest of the Members of the Council, particularly the Health Committee, is in itself a continued stimulation and reward.

I am, Mr. Chairman and Members,

Your Obedient Servant,

THOS. WILSON,

Chief Public Health Inspector.

